## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All further correspondence including the Patent advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| indicated unless correct<br>maintenance fee notifica  | ed below or directed oth  | herwise in Block 1, by (a                            | i) specifying a new con  | rrespo  | ondence address; a  | nd/or (b) indicating a sepa | arate "FEE ADDRESS" for  |  |
|---|---|--|--|---|---|-----------------------------|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |   |  |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |   |                             |  |  |
| 20995   | 7590 05/28  | 3/2010   |  |   |   | _                           |  |  |
| KNOBBE MARTENS OLSON & BEAR LLP<br>2040 MAIN STREET<br>FOURTEENTH FLOOR   |   |  |  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                             |  |  |
| IRVINE, CA 92   | 2614  |  | ſ  |   |   |                             | (Depositor's name)   |  |
|   |   |  | [  |   |   |                             | (Signature)  |  |
|   |   |  | [  |   |   |                             | (Date)   |  |
| APPLICATION NO.   | FILING DATE   |  | FIRST NAMED INVENT   | OR  | A   | ATTORNEY DOCKET NO.         | CONFIRMATION NO.   |  |
| 10/561,029 03/16/2007   |   |  | Douglas Spencer Mill   | glas Spencer Millar ALAR9.001APC 1871   |   | 1871                        |  |  |
| TITLE OF INVENTION  | V: METHODS FOR GEN  | IOME AMPLIFICATION                                   |  |   |   |                             |  |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DU   | UE E  | PREV. PAID ISSUE I  | FEE TOTAL FEE(S) DUE        | DATE DUE   |  |
| nonprovisional  | YES   | \$755  | \$300  |   | \$0   | \$1055                      | 08/30/2010   |  |
| EXAMINER  |   | ART UNIT   | CLASS-SUBCLASS   |   |   |                             |  |  |
| THOMAS, DAVID C   |   | 1637   | 435-060000   |   |   |                             |  |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol> |   |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                    |   |   |                             |  |  |
| PLEASE NOTE: Un<br>recordation as set for<br>(A) NAME OF ASSI   | lless an assignee is ident<br>th in 37 CFR 3.11. Com  | tified below, no assignee pletion of this form is NO | THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  North Ryde, NSW, Australia   |   |   |                             |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):   |   |  |  |   |   |                             |  |  |
| 4a. The following fee(s) are submitted:  X Issue Fee X Publication Fee (No small entity discount permitted) Advance Order - # of Copies  5. Change in Entity Status (from status indicated above)   |   |  | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form). |   |   |                             |  |  |
|   | ns SMALL ENTITY state   | •  | b. Applicant is no   | longe   | er claiming SMALI   | ENTITY status. See 37 C     | FR 1.27(g)(2).   |  |
| NOTE: The Issue Fee ar  | nd Publication Fee (if req  | uired) will not be accepte                           |  |   |   |                             | he assignee or other party in  |  |
| Authorized Signature  | 11.11/2   |  |  | Date  |   |                             |  |  |
| Typed or printed nam  | ·   | Registration No                                      |  |   |   |                             |  |  |
| an application. Confider  | titality is governed by 35 and application form to the tions for reducing this bu Virginia 22313-1450. DO | U.S.C. 122 and 37 CFR                                | 1.14. This collection is   | estin   | nated to take 12 mi   | nutes to complete, includir | d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |  |

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.